Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

| ADMINISTRATIVE PROCEDURES | NOTICE FILING | | | |
|---|---|--|--|---|
| AGENCY NAME | | CONTACT PERSON | TELEPHONE NUMBER | |
| Division of Medicaid | | Margaret Wilson | 601-359-5241 | |
| ADDRESS | | CITY | STATE | ZIP 39201 |
| 550 High Street, Suite 1000 EMAIL SUBMIT DATE | | Jackson Name or number of rule(s | MS | 39201 |
| EMAIL SUBMIT DATE | | Part 200 General Provider Information, Chapter 2 Benefits, | | |
| Margaret.Wilson@medicaid.ms.gov | JUN 1 4 2013 | Rule 2.2B and C Non-Covered Services | | |
| Short explanation of rule/amendment/re This proposed filing to the MS Admini Rule 2.2.B and C Non-Covered Service (SPA 2011-006) and other types of heal and SPA 2011-006 effective 10/01/201 subparagraph 4. Non-substantive revision Specific legal authority authorizing the public and rules repealed, amended, or susp | strative Code Title 23 is to include the three three three three settings (SPA 2 1 and SPA 2012-001 and are being made to be be the set of the | Medicaid, Part 200 Generate never events in inpatient 2012-001). This filing comeffective 06/01/2012 and Rule 2.2A. MS Code \$43-13-121. SPA I rule: Title 23 Medicaid, P | al Provider Informations hospital (SPA 2011 plies with the CMS according to MS C 2011-004, SPA 2011 art 200 General Pro | 1-004), outpatient hospital mandated SPA 2011-004 Code Ann. § 25-43-1.103 |
| Chapter 2: Benefits, Rule 2.2,B and C Non-Covered Services and non-substantive revisions to Rule 2.2A. | | | | |
| ORAL PROCEEDING: | this rule on Dotay | Time; | Place: | |
| | | | | |
| Presently, an oral proceeding is not scheduled on this rule. | | | | |
| If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request she notice of proposed rule adoption and should incluagent or attorney, the name, address, email addressment period, written submissions including a ECONOMIC IMPACT STATEMENT: Economic impact statement not req | ould be submitted to the ag de the name, address, ema ass, and telephone number guments, data, and views o | gency contact person at the above til address, and telephone number of the party or partles you repres | address within twenty (of the person(s) making ent. At any time within /repeal may be submitte | (20) days after the filing of this g the request; and, if you are an the twenty-five (25) day public ed to the filing agency. |
| | | | | |
| TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filingOther (specify): | Action proposed: New rule(Amendmoneum Repeal of | s) ent to existing rule(s) existing rule(s) by reference fective date: ter filing | FINAL ACTION ON RULES Date Proposed Rule Filed: MAY 1.5 2013 Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify): | |
| Printed name and Title of person authorized to file rules: David J Dzielak, Rh.D., Executive Director | | | | |
| Signature of person authorized to file rules: | | | | |
| OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP | | | | |
| OFFICIAL FILING STAMP Accepted for filing by | Accepted for fil | - | JUN MISS | 11 4 ZUI3 SISSIPPI ARY OF STATE |

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.